

Virginia Department of Education

**A Summary of Virginia
School Divisions' Reports on
School Health Advisory Boards
and
Local Wellness Policies**

2006-07

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and
Local Wellness Policies***



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School Health Advisory Boards and Local Wellness Policies

A Report for the School Year 2006-07

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Executive Summary

Purpose

The purposes of this survey and report, *School Health Advisory Boards (SHABs) and Local Wellness Policies*, are as follows:

- Evaluate school divisions' adherence to the *Code of Virginia* SHAB requirements;
- Identify the concerns and determine the accomplishments and progress of SHABs;
- Present a consolidated picture of the accomplishments of SHABs statewide;
- Monitor school divisions' development and revisions of their local wellness policies; and
- Assure that the wellness policies developed meet the minimum requirements identified in *Public Law 108-265*.

Methodology

The SHAB survey instrument, which originally was developed jointly by the Virginia Department of Education (VDOE) and the Virginia Department of Health (VDH), was designed to elicit information from school divisions related to the accomplishments and effectiveness of SHABs and their compliance with the *Code of Virginia*. From 1992-93, when it was first used, through 2002-03 the survey instrument had only modest changes. It had more extensive changes in 2003-04. The more extensive changes in 2003-04 were made by the VDOE to obtain additional information or to make the instrument easier to use. The overall character and intent of the instrument were maintained, and most longitudinal comparisons can be continued. For the past four years, school divisions were allowed to submit their responses to the survey via e-mail. The survey was announced on April 27, 2007, in Superintendents' Informational Memo #18, followed by an e-mail to school division health contact persons directing them to an online site for responding to the survey. Of the 132 school divisions in Virginia, 131 provided a response to the survey (a 99.2 % return rate).

The Local Policy Wellness Status Report, which was administered for the first time in 2005-06, accompanied the SHAB survey. One hundred thirty (130) school divisions submitted a completed survey in response to the request.

SHAB Findings

The findings of the SHAB survey are organized by topic. In addition to summaries of the SHAB findings, each section addresses school divisions' adherence to §22.1-275.1 of the *Code of Virginia* when appropriate.

Membership. School divisions reported SHAB memberships ranging from five to 42, with an average membership of 16.9. One hundred five (105) of the 131 school divisions had no more than 20 members on their SHAB, meeting the *Code* section 22.1-275.1 requirement that SHAB membership be limited to 20.

Statewide, SHABs continue to have diversity in their memberships as required by the *Code*. More than 61 percent of SHAB members are identified as *educators*, more than 36 percent as *parents*, and more than 27 percent as *health professionals*. With 61.6 percent of SHAB members being identified as *educators*, SHABs may not be as diverse as in the past or as diverse as is desired. Increasingly, members are being classified in more subcategories. Among subcategories, *parents of a school-aged child* are on more SHABs than any other subcategory, with representation on 125 of the 131 SHABs. *School nurses* (124 SHABs), *education administrators* (113 SHABs), and education food services (113 SHABs) are the next most frequent. Other subcategories with high representation are *medical health professionals* and *public health professionals* (each on more than 100 SHABs).

School divisions were asked two questions related to functions of the board. To the first, *Does your School Health Advisory Board serve as a forum for leadership for multiple committees (e.g., part of PTA, Safe and Drug Free School Committee, etc.)?*, 57 school divisions (44.2 %) responded "Yes." The "committees" named most often had to do with Safe and Drug Free Schools and wellness.

To the second question, *Are there other boards in your school division that work on issues that might be relevant to your SHAB?*, 75 divisions (57.3%) responded "Yes." A total of 139 "boards" were identified, most appearing to be some type of advisory group. The most frequently mentioned groups were related to special education advisory, wellness, crisis management, and Safe and Drug Free Schools.

Meetings. The *Code* requires that SHABs meet at least semi-annually. Over 86 percent of school divisions (116 of 130) responding to the survey item on meeting frequency met that requirement. The average number of general meetings reported was 3.4. Among the 14 SHABs that did not meet the requirement, 13 reported meeting once and only one reported not meeting (the lowest number ever).

Reports. At least once annually, SHABs are required by the *Code* to report on the status and needs of student health in the school divisions to the Virginia Department of Education and the Virginia Department of Health (both satisfied by responding to the survey reported herein), the local school board, and to any relevant school. In 2006-07, 131 of 132 school divisions completed and returned the survey form to the Virginia Department of Education. One hundred seven (107) school divisions reported the submission of either a written or oral report to the local school board in compliance with the *Code*, a slight decline from 111 last year. An additional 15 divisions that did not make a report to the school board did make one or more reports to their central office.

Operating procedures. Of the 129 school divisions responding to this item, 72 (or 56 %) indicated they have operating procedures/bylaws, a slightly lower percentage than last year. Only five school divisions made changes in their operating procedures/bylaws within the past year.

Goals and Accomplishments. The top two goals identified in 2006-07 -- (1) develop/improve student wellness and (2) review school nutrition program procedures and offerings -- have been the same for the past four years. These goals moved up from mid-range focus six to seven years ago. The *review staff wellness initiatives* goal stayed in third place, having moved up from sixth place two years ago. The top four goals that SHABs reported accomplishing in 2006-07 were (1) develop/improve student wellness, (2) review school nutrition program procedures and offerings, (3) review school health policies, and (4) review emergency/crisis medical situations.

School divisions provided narrative descriptions of their “greatest accomplishments” in 2006-07. Almost 89 percent of school divisions indicated their willingness to share their successes on the DOE Web site. Selected accomplishments from these submissions can be found at:

<http://www.doe.virginia.gov/VDOE/studentsrvcs/SHABActivities.pdf>

Wellness Policy Findings

Policy adoption. Of the 128 school divisions completing this survey question, 127 indicated they had adopted a wellness policy. Eighty-five divisions indicated that they had adopted the policy by the due date, the first day of the school year 2007-08. Another 39 had adopted the policy by the time of this survey, near the end of the 2007-08 school year.

Responsible committee. One hundred eight of 129 divisions indicated that the committee responsible for the local wellness policy is still active. The local SHAB is responsible for the local wellness policy in 49 school divisions, but 57 divisions named

some kind of wellness committee. A few divisions named an assortment of other committees.

Nutrition education goals. To ascertain the nutrition education goals included in local wellness policies, school divisions were asked to identify whether or not each of eight specified goals was included in their policies. School divisions could identify other goals, also, and some did. Seven of the eight specified nutrition education goals were included in the policies of a majority of school divisions. The most frequently identified goal was included in 110 of 130 (or 85 %) school divisions' policies. Six other goals were included in 65 to 82 percent of school divisions' policies, but one goal -- pertaining to enrollment as Team Nutrition Schools -- was included in only 22 percent of the wellness policies.

Physical activity goals. The survey specified five physical activity goals and asked school divisions to identify whether or not each had been included in their local wellness policies. Four of the five goals were included in a majority (63 to 96 %) of division's policies. That one exception -- work with the community to create ways for students to walk, bike, roller blade, or skateboard safely to and from school -- was included in approximately one-third of school divisions' policies.

Guidelines for nutritional value. To determine the guidelines for nutritional value included in school divisions' wellness policies, the survey provided four specified guidelines and asked divisions if they had included them in their local policies. A majority of divisions included each of the four specified guidelines in their policy, with two guidelines focusing on foods and beverages *sold on school campuses* included in more than 75 percent of divisions' policies. The results were very similar to last year's results.

School-based activities. The survey requested information about school-based activities included in their wellness policies. School divisions were asked if each of eleven specified activities were included in their policies. Nine of the goals were included in a majority of school divisions' policies, and another was just below 50 percent. The specified goal included in the least number of policies (22%) had to do with offering recess before lunch in elementary schools.

Measurement and evaluation goals. Finally, school divisions were asked to identify which of six measurement and evaluation goals were included in their wellness policies. The six specified measurement and evaluation goals were included in the policies of 32 to 55 percent of school divisions. This goal area appeared to be the one in which divisions had the greatest variation and the least specificity.

I. Introduction

Legal Requirements

School Health Advisory Boards. The 1990 General Assembly of Virginia amended the *Code of Virginia* to provide that each school board may establish a School Health Advisory Board (SHAB) to “assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.”

The 1992 General Assembly amended and reenacted §22.1-275.1 of the *Code of Virginia* (see Appendix A) to state that each school division is required to have a SHAB comprised of no more than 20 members, with “broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others.” SHABs are required to meet at least semi-annually and submit an annual report on the status and needs of student health in their school divisions to the Virginia Department of Education (VDOE), the Virginia Department of Health (VDH), the school board, and any relevant school.

Local wellness policy. Section 204 of the Child Nutrition and WIC Reauthorization Act (*Public Law 108-265*) required all school divisions to develop a local wellness policy by the first day of school year 2006-2007. School divisions were formally notified of this requirement in VDOE Superintendents’ Regulatory Memo #7 dated May 20, 2005.

The local wellness policy for each school division must, at a minimum, meet the following five objectives.

1. Include goals for nutrition education, physical activity, and other school-based activities to promote student wellness.
2. Include nutrition standards for all foods and beverages available during the school day, with the objective of promoting student health and reducing childhood obesity.
3. Provide assurance that local guidelines established shall not be less restrictive than USDA regulations and guidance, or existing Virginia regulations and guidance, as they apply to the school nutrition programs.
4. Establish a plan for measuring implementation of the local policy.
5. Involve parents, students, school nutrition program directors and/or managers, the school board, school administrators, and the public in development of the policy.

Purpose

School Health Advisory Boards. This survey of School Health Advisory Boards, in periodically revised forms, has been conducted annually since the 1992-93 school year. The purposes of the survey and report are as follows:

- Evaluate school divisions' adherence to the *Code § 22.1-275.1* SHAB requirements;
- Identify the concerns and determine the accomplishments and progress of SHABs; and
- Present a consolidated picture of the accomplishments and plans of SHABs.

Local wellness policy. This is the second survey of adherence to the requirements of Section 204 of the 2004 Child Nutrition and WIC Reauthorization Act (*Public Law 108-265*), and the first survey since school divisions have been required to have a wellness policy. The purposes of the survey are to:

- Monitor school divisions' development and revisions of their local wellness policies; and
- Assure that the policies developed meet the minimum requirements identified in *Public Law 108-265*.

Methodology

The VDOE and the VDH jointly developed the initial SHAB survey instrument. It was designed to elicit information from school divisions regarding their compliance with the *Code* section 22.1-275.1 related to SHABs, and other information related to the accomplishments and effectiveness of SHABs. Until 2003-04, the survey instrument had only modest changes since it was first used in the 1992-93 school year. The survey instrument used in 2003-04 had more extensive changes by the VDOE, but retained much of the character of former surveys so that longitudinal comparisons could be continued. The current survey instrument, which has been used for the last four years, is in Appendix B. For the fourth year, school divisions were allowed to submit their survey responses electronically. The survey was announced on April 27, 2007, in Superintendents' Informational Memo #18, followed by an email to school division health contact persons directing them to the VDOE's SHAB Website. Of the 132 school divisions in Virginia, 131 provided a response to the survey (a return rate of more than 99.2%). This is consistent with the response rate for the past seven years, which has ranged from 96 to 100 percent.

The *Local Wellness Policy Status Report* was developed by the VDOE in order to monitor the development and revisions of wellness policies by the school divisions in Virginia. It was distributed with the SHAB survey in the belief that the local SHABs would have responsibility for the wellness programs in most school divisions. Of the 132 school divisions in Virginia, 130 (98.5%) completed a *Local Wellness Policy Status Report*.

The survey data, both quantitative and qualitative, were entered into an electronic spreadsheet. The quantitative data were summarized using descriptive statistics and the qualitative data were summarized using content analysis. Reports of content analyses include only content made by two or more divisions. This report contains comprehensive findings from the 2006-07 survey, as well as selected comparisons with findings from earlier SHAB surveys.

II. SHAB Survey Results

Membership

Number of members. The *Code* section 22.1-275.1 requires that SHABs have broad-based community involvement and have no more than 20 members. Of the 125 school divisions responding to this survey item, 101 (or 80.8%) reported having no more than 20 members on their SHAB and were, therefore, in compliance with that provision of the *Code*. Divisions reported the number of SHAB members by subcategory (see Table 2 for categories and subcategories) and an unduplicated count of SHAB members. Summaries of school divisions' responses to this survey item are contained in Tables 1 and 2 below.

Table 1: Percentage of School Health Advisory Boards in Each of Five Membership Ranges – 2003-04 through 2006-07

Membership Ranges	2003-04 (N=130)	2004-05 (N=130)	2005-06 (N=125)	2006-07 (N=125)
Up to 5 members	0.0%	2.3%	0.0%	0.9%
6-10 members	18.5	10.7	14.5	14.4
11-15 members	31.5	29.0	29.0	32.0
16-20 members	38.5	38.2	36.6	33.6
More than 20 members ¹	11.5	19.8	19.8	19.2
<i>Average number of members</i>	<i>15.7</i>	<i>16.9</i>	<i>17.2</i>	<i>16.9²</i>

¹ Not in compliance with the *Code*.

² Six divisions did not provide total SHAB membership. The figures were estimated from the subcategory membership provided.

Average membership. In 2006-07, the average membership of SHABs was 16.9, with a range of five to 42 members. The average membership has ranged around 17 for the past three years. It had been relatively stable at slightly less than 16 before 2004-05.

Member diversity. The *Code* encourages diverse membership on SHABs. The survey asked school divisions to report the diversity of membership in 27 subcategories distributed among six main categories, as well as an unduplicated count of membership. For the school year 2006-07, 2,219 SHAB members were identified by the 131 school divisions in a total of 3,467 subcategories (i.e., many members were identified as being in more than one subcategory). Categories that had meaningful increases this year are: (1) Community Representatives (4.1% increase from last year);

(2) Parents (3.5% increase); and Health Professionals (2.2% increase). With 61.6 percent of SHAB members identified as *Educators*, the degree of diversity may not be as great as desired. The results from this survey item, with comparisons to previous surveys, are shown in Table 2.

**Table 2: Number of SHAB Members by Category and Sub-Category
2003-04 through 2006-07**

Category/Sub-Category	2003-04 Members (N=2,047)¹	2004-05 Members (N=2,208)¹	2005-06 Members (N=2,249)^{1,2}	2006-07 Members (N=2,219)^{1,2}
Parents	680 (33.2%)	724 (32.8%)	743 (33.0%)	810 (36.5%)
Parents of School-Age Child	480	531	532	613
Parent of Medically-Fragile Child	47	46	58	48
PTA Representative	123	112	122	123
Resource Center Representative ²	30	35	31	26
Students	96 (4.7%)	93 (4.2%)	114 (5.1%)	107 (4.8%)
Health Professionals	536 (26.2%)	591 (26.8%)	561 (24.9%)	601 (27.1%)
Medical	270	277	283	305
Dentistry	25	42	27	33
Mental Health	54	76	61	60
Public Health	137	139	136	151
Other	50	57	54	52
Educators	1218 (59.5%)	1211 (54.8%)	1374 (61.1%)	1367 (61.6%)
School Nurse	290	289	299	313
Health Teacher	97	98	131	130
Physical education teacher ²	110	110	131	152
Other teacher	117	104	91	84
Administrator	252	249	292	276
Program supervisor ²	105	120	133	123
Counselor	111	89	104	96
Food Services	64	80	115	116
Other	72	72	78	77
Community Representatives	303 (14.8%)	307 (13.9%)	302 (13.4%)	389 (17.5%)
Civic Group	61	59	71	111
Religious Group	39	47	37	57
Human Services	109	104	110	120
Youth Services	94	97	84	101
Miscellaneous	154 (7.5%)	179 (8.1%)	166 (7.4%)	193 (8.7%)
Business	35	49	44	49
Government Official	38	30	32	35
Law enforcement ²	41	46	42	51
Other	40	54	48	58

¹ The N-counts are the unduplicated number of SHAB members in school divisions responding to this item. Because some members were counted in more than one category, the numbers in the table are greater than the N-counts and the percentages add to more than 100. The percentages show the proportion of members classified in that category.

² Unduplicated counts were estimated for six divisions based on the reported numbers by sub-category.

SHABs continue to have diversity in their memberships and they tend to have members with a wide variety of associations. For the past two years, more than 61 percent of SHAB members have been classified as educators. Considering this, SHABs may not be as diverse as in the past or as diverse as is desired. Increasingly, members are being classified in more subcategories.

Members of SHABs were most frequently identified as a *parent of a school-age child* (613 SHAB members, up from 532), a *school nurse* (313, up from 299), a *medical health professional* (305, up from 283), and an *education administrator* (276, down from 299). These same subcategories were the four most frequently identified in each of the last five surveys. Among subcategories, *parents of a school-aged child* are on more SHABs than any other subcategory, with representation on 125 of the 131 SHABs. *School nurses* (124 SHABs), *education administrators* (113 SHABs), and *education food services* (113 SHABs) are the next most frequent. Other subcategories with high representation are *medical health professionals* and *public health professionals* (each on more than 100 SHABs).

Additionally, school divisions were asked two questions. The first was *Does your School Health Advisory Board serve as the forum for leadership for multiple committees (e.g., part of PTA, Safe and Drug Free School Committee, etc.)?* In response to this question, 57 school divisions (44.2%) responded *Yes*, a slight increase from last year, and 72 divisions (55.8%) responded *No*. The number of divisions responding *yes* declined about two percentage points from last year. When asked to explain their *yes* response, 50 of the 57 school divisions responded naming a total of 83 groups.

The groups mentioned more than once are listed below, with the number of times mentioned.

• Safe and Drug Free Schools	29
• Wellness committee/program	16
• Family life education	8
• Emergency/crisis management	5
• Parent Teacher Association	4
• Health centers/committees	4
• Substance abuse prevention	4
• Nutrition programs	3

The second question was *Are there other boards in your school division that work on issues that might be relevant to your SHAB?* Seventy-five (75) divisions (57.3 %) responded *Yes*, a slight increase from last year, and 56 divisions (42.7%) responded *No*. Sixty-nine (69) of the 75 divisions providing an explanation for that item mentioned a total of 139 groups. Very few of the groups appeared to be “boards.” Most were some type of advisory group, such a wellness committee or a special education advisory committee.

The most frequently mentioned groups, and the number of times each was mentioned, follow:

• Special education advisory	16
• Wellness committee	15
• Crisis management	13
• Safe and Drug Free Schools	10
• School safety committee	10
• Family life advisory	9
• PTA/PTO/parent advisory	9
• Health councils/committees	6
• Substance abuse/prevention programs	5
• School boards	5
• Superintendent's advisory	3
• Food services advisory	3
• Guidance/counseling advisory	2
• Violence/bullying prevention	2

Meetings

SHAB General meetings. The *Code* section 22.1-275.1 requires that SHABs meet at least semi-annually. Of the 130 school divisions responding to this survey item, 116 (or 89.2 %) met this requirement. Even though 13 SHABs did not meet the requirement, an increase from eleven last year, there was only one SHAB that did *not* hold a general meeting. Over the past four years, the number of SHABs not holding a general meeting has ranged from three to six. In contrast, 15 SHABs met at least six times. The average number of general meetings was 3.4, a number that is on the low end of typical during the past four years. A large majority (i.e., 77.7 %) of SHABs held two to five general meetings during 2006-07, a slight increase from last year's percentage of 73.4. The distributions of general meeting frequency for this and four previous surveys are contained in Table 3.

**Table 3: Frequency of School Health Advisory Boards' General Meetings
2002-03 through 2006-07**

Frequency	2002-03 (N = 129)	2003-04 (N = 129)	2004-05 (N = 132)	2005-06 (N = 132)	2006-07 (N = 130)
No meetings ¹	6	3	4	5	1
One meeting ¹	16	16	7	6	13
Two meetings	24	29	43	33	34
Three meetings	27	25	21	20	22
Four meetings	28	31	29	28	33
Five meetings	15	11	12	16	12
Six meetings	3	6	5	8	5
Seven meetings	2	2	4	4	5
Eight or more meetings	8	6	7	10	5
<i>Average number of meetings</i>	3.5	3.4	3.4	3.9	3.4

¹ Does not meet *Code* requirement.

SHAB Subcommittee meetings. School divisions were asked to indicate the number of subcommittee meetings held in 2006-07 and to name the subcommittees that met. Sixty-five (65) school divisions of 129 responding to this item (50.4 %) held SHAB subcommittee meetings, a decline of about six percent since 2005-06. Sixty-four (64) SHABs (43.8 %) did not hold a subcommittee meeting. The divisions holding subcommittee meetings held an average of 4.0 meetings, compared to 4.2 in 2005-06. The identified subcommittees were grouped according to topic. The following list indicates the types of subcommittees meeting in more than one school division, followed by the number of divisions identifying each.

- Wellness committee (student) 27
- Family life education/curricula/media 10
- Internal procedural (e.g., handbook, policies) 9
- General health (index, advisory, screening) 9
- Pandemic response 8
- Safety, general 4
- Physical education/activity/fitness 4
- Nutrition 4
- Staff/employee wellness 3
- School nursing program 3
- Bullying intervention 2
- Safe and Drug Free Schools 2

Reports

Reports to school boards. At least once annually, SHABs are required by *Code* section 22.1-275.1 to report on the status and needs of student health in the school division to the VDOE and the VDH (satisfied by responding to the survey reported herein), the local school board, and to any relevant school. For 2006-07, 131 of 132 school divisions (99%) forwarded a completed survey form to the VDOE, thus satisfying this requirement to the state. The survey requested information regarding to whom reports were provided, whether the reports were written or oral, and how many reports were provided. Some SHABs submitted written reports to the school board, some made oral reports, and some both. Of the 131 school divisions responding to this question, 107 (or 81.7 %) reported their SHABs submitted written and/or oral reports to the local school board in compliance with the *Code of Virginia*. More than 80 percent of SHABs met this requirement for the last two years, a marked improvement over earlier years. Percentages for the past seven years follow.

- 2006-07 81.7 percent
- 2005-06 85.4 percent
- 2004-05 74.2 percent
- 2003-04 67.7 percent
- 2002-03 66.7 percent
- 2001-02 62.2 percent
- 2000-01 64.4 percent

A summary of SHAB reports to *local school boards* is in Table 4.

Table 4: Number of SHABs Making Written and Oral Reports to Local School Boards, 2003-04 through 2006-07

	<u>2003-04</u>		<u>2004-05</u>		<u>2005-06</u>		<u>2006-07</u>	
<u>Number of Reports</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>
One or more reports	67	57	80	68	90	74	76	77
No reports ¹	63	73	52	64	40	56	55	54

¹ Number of SHABs that either indicated they did not submit reports or did not provide a response to this item, among divisions returning survey forms.

Reports to central offices. Although reporting to its school division's central office is not required by the *Code*, many SHABs made such reports and some SHABs may have made such reports apparently in lieu of reports to the school board. Overall, 101 SHABs (77.1%) made one or more written and/or oral reports to their central office during the year. Fifteen (15) SHABs that did not make a report to their school board did make one or more reports to their central office. Therefore, 122 school divisions (93.1%) reported their SHABs had submitted one or more reports to either the school board or the central office, a slight decline from last year but higher than any previous year. A summary of the reports made to *central offices* is contained in Table 5.

Table 5: Number of SHABs Making Written and Oral Reports to Local Central Offices, 2003-04 Through 2006-07

	<u>2003-04</u>		<u>2004-05</u>		<u>2005-06</u>		<u>2006-07</u>	
Number of Reports	Writ.	Oral	Writ.	Oral	Writ.	Oral	Writ.	Oral
One or more reports	54	60	76	70	71	70	63	73
No reports ¹	76	70	56	62	59	60	68	58

¹ Number of SHABs that either indicated they did not submit reports or did not provide a response to this item, among divisions returning survey forms.

Reports to other groups. In 2006-07, 51 written reports to other groups were made by 24 SHABs and 53 oral reports were made to other groups by 20 SHABs. They were asked to identify the groups to whom these reports were made, but some failed to do so. Those identified more than once are listed below with the number of divisions identifying them.

- Principals 9
- Community organizations, various 6
- School nurses 4
- School faculties 4
- School groups, miscellaneous 4
- Parents' Council/PTA/PTO 3
- Newspapers 2

Operating Procedures

Surveys since 2003-04 have asked the question, *Does your SHAB have operating procedures/bylaws?* Prior to 2003-04 the question asked about only *operating procedures* (omitting bylaws), and the percentages of affirmative responses had been consistently in the mid-thirties. Since the term *bylaws* was added to the question the affirmative responses have been considerably higher, as illustrated in the data below.

<u>School Year</u>	<u>Have Operating Procedures/Bylaws</u>	<u>Percent</u>
2006-07	72 of 129 SHABs	56.0
2005-06	73 of 124 SHABs	58.9
2004-05	78 of 130 SHABs	60.0
2003-04	65 of 128 SHABs	50.8

Additionally, school divisions were asked, *Have you made any changes to your operating procedures/bylaws for your SHAB in the past year?* Of the 113 school divisions responding to this question, five (or 4.4 %) said they had made changes and 108 (95.6 %) said they had not.

Goals and Accomplishments

Goals. School divisions were provided a list of 25 goals in nine areas and asked to indicate if each goal was identified for the school year and/or accomplished during the school year. Identified goals are those that SHABs had decided to work on during the school year. Accomplished goals are those that they completed work on during the school year, although it can be assumed that there may be a need in the future to address these goals again. The survey results are presented using the number of SHABs identifying a goal as important and the number accomplishing a goal during the school year and/or the relative rankings of the goals identified and accomplished. These data are presented in Tables 6, 7, and 8.

Table 6, which follows, shows the number of SHABs that identified each of the 25 listed goals for the school year 2006-07 and for each of the past three surveys. Trends are noted where there is a progressive change of more than 10 percent (based on the number of SHABs) over the past two years.

**Table 6: Number of SHABs Identifying Listed Goals
for the School Years 2003-04 through 2006-07**

SHAB Goals by Area	03-04 N=130	04-05 N=132	05-06 N=131	06-07 N=131	Trends
Health Services:					
Increase school nursing staff	55	39	38	44	
Develop/improve school health services	65	68	70	63	
Develop/improve student wellness	77	89	102	100	
Review procedures for student health screening ...	67	61	54	56	
Health Education/Instruction:					
Review health education curriculum	43	40	40	41	
Review health education assessment	22	19	20	16	
Reduce teen pregnancy	38	36	29	27	
Develop/revise FLE curriculum	29	46	31	32	
Revise HIV policy for school attendance	21	12	14	10	
Reduce drug, alcohol, and/or tobacco use	61	51	50	51	
Healthy Environment:					
Review emergency/crisis medical situations	50	53	52	76	
Review school health policies	51	53	63	68	UP
Review school safety procedures	49	52	40	59	
Physical Education:					
Review physical education curriculum	24	25	35	31	
Review physical education assessment	18	16	18	19	
Review availability of instructional resources	20	14	30	26	
Increase students' physical activity	54	55	68	69	UP
Nutrition Services:					
Review school nutrition program procedures and offerings	49	103	104	98	
Counseling:					
Review psychological and social services for diagnosing special needs of students	25	22	30	24	
Review counseling services for students to help set educational and social goals	26	28	23	24	
Staff Wellness:					
Review staff wellness initiatives	61	59	77	81	UP
Parent/Community Involvement:					
Improve parent communication/education	60	62	54	62	
Develop/maintain community partnerships	76	74	61	69	
Other:					
Conduct a needs assessment/data collection	31	40	26	27	
Improve operations of SHAB	40	33	40	38	
Other (specify) ²	12	15	17	12	

Another approach to examining the importance of goals to SHABs is to compare the *rankings* of goals (by numbers of SHABs selecting them) across surveys. These rankings for the past five years are in Table 7. The two top-ranked goals -- relating to nutrition programs and student wellness -- have been the same in each of the last four surveys. One goal, *review emergency/crisis medical situations*, made a major gain in the rankings this year. Another goal, *review procedures for student health screening, record keeping, and referrals*, has shown a gradual decline in the rankings in each of the past three years. There have not been notable changes in any other goals.

Table 7: Rankings of SHAB Goals Based on the Number of SHABs Identifying Them, 2003-04 through 2006-07
(* Indicates tie for ranking.)

SHAB Goals by 2006-07 Rankings	03-04	04-05	05-06	06-07
Develop/improve student wellness	2	2	2	1
Review school nutrition program procedures & offerings	1	1	1	2
Review staff wellness initiatives	*6	7	3	3
Review emergency/crisis medical situations	12	*9	10	4
Increase students' physical activity	10	8	5	*5
Develop/maintain community partnerships	3	3	7	*5
Review school health policies	11	*9	6	7
Develop/improve school health services	5	4	4	8
Improve parent communication/education	8	5	*8	9
Review school safety procedures	13	11	*12	10
Review procedures for student health screening, record keeping, and referrals	4	6	*8	11
Reduce drug, alcohol, and/or tobacco use	*6	12	11	12
Increase school nursing staff	9	16	15	13
Review health education curriculum	14	*14	*12	14
Improve operations of SHAB	15	18	*12	15
Develop/revise FLE curriculum	18	13	17	16
Review physical education curriculum	21	20	16	17
Reduce teen pregnancy	16	17	20	*18
Conduct a needs assessment/data collection	17	*14	21	*18
Review availability of instructional resources	24	25	*18	20
Review psychological and social services for diagnosing special needs for students	20	21	*18	*21
Review counseling services for helping students set education and social goals	19	19	22	*21
Review physical education assessment	25	23	24	23
Review health education assessment	22	22	23	24
Other (specify)	26	24	25	25
Revise HIV policy for school attendance	23	26	26	26

Table 8 allows comparisons of the attention given by SHABs to the goals for the 2006-07 school year. The greater the difference between the number or ranking of SHABs identifying a goal and the number accomplishing it indicates goal areas that require relatively more work.

Table 8: Numbers and Rankings of SHABs Identifying and Accomplishing Listed Goals, 2006-07 (* Indicates tie for ranking.)

SHAB Goals by Area	Goal Identified		Goal Accomplished	
	No. SHABs	Rank	No. SHABs	Rank
Health Services:				
Increase school nursing staff	44	13	38	11
Develop/improve school health services	63	8	53	5
Develop/improve student wellness	100	1	79	1
Review procedures for student health screening, record keeping, and referrals	56	11	47	*7
Health Education/Instruction:				
Review health education curriculum	41	14	27	14
Review health education assessment	16	24	11	24
Reduce teen pregnancy	27	*18	13	2
Develop/revise FLE curriculum	32	16	21	17
Revise HIV policy for school attendance	10	26	7	25
Reduce drug, alcohol, and/or tobacco use	51	12	32	*12
Healthy Environment:				
Review emergency/crisis medical situations	76	4	54	4
Review school health policies	68	7	57	3
Review school safety procedures	59	10	48	6
Physical Education:				
Review physical education curriculum	31	17	24	15
Review physical education assessment	19	23	15	20
Review availability of instructional resources	26	20	14	*21
Increase students' physical activity	69	*5	47	*7
Nutrition Services:				
Review school nutrition program procedures and offerings	98	2	77	2
Counseling:				
Review psychological and social services for diagnosing special needs of students	24	*21	19	18
Review counseling services for students to help set educational and social goals	24	*21	18	19
Staff Wellness:				
Review staff wellness initiatives	81	3	47	*7
Parent/Community Involvement:				
Improve parent communication/education	62	9	32	*12
Develop/maintain community partnerships	69	*5	45	10
Other:				
Conduct a needs assessment/data collection	27	*18	22	16
Improve operations of SHAB	38	15	14	*21

Successes. School divisions were asked to describe their SHABs' two greatest accomplishments during the 2006-07 school year. Selected accomplishments from these submissions can be found at:

<http://www.doe.virginia.gov/VDOE/studentsrvcs/SHABActivities.pdf>

Additionally, school divisions were asked if they would allow the VDOE to post/share information about their SHABs' successes on the VDOE Website. One hundred sixteen (116) divisions responded to this question, with 103 divisions (88.8 %) indicating their willingness to allow the VDOE to share their successes online.

III. Wellness Policy Survey Results

The 16-question wellness policy survey – called the *Local Wellness Policy Status Report* – requested information about the adoption of the wellness policy as required by PL 108-265, the responsible entity, the nutrition education goals, the physical activity goals, nutritional guidelines, and measurement and evaluation goals. Of the 131 school divisions completing the SHAB annual survey, 130 also completed the *Local Wellness Policy Status Report*.

Policy Adoption

To the question, *Has the final policy been adopted by the school board?*, 127 of the 130 school divisions completing the survey said they had, with 124 of them providing the date it was approved. Eighty-five school divisions indicated that the policy was adopted by the due date, which was the first day of the 2006-07 school year. Two divisions adopted the policy after the due date but before the end of 2006, and 37 adopted the policy in 2007.

School divisions were asked to provide the name of the committee responsible for the local wellness policy in their school division, as well as contact information. One hundred seventeen (117) divisions provided a response to the specific item asking for the name of the responsible committee. Their responses were quite varied, but most listed either the SHAB or some type of wellness committee. The 44 percent naming their SHAB as the responsible organization is significantly lower than the 72 percent in the previous survey; however, this may be partly explained by the question being asked in a more direct manner in the previous survey. Also, in the current survey, school divisions' responses listed a committee that was responsible to the SHAB without indicating that relationship.

**Table 9: Names and Percents of Organizations
Responsible for the Local Wellness Policy (N = 117)**

Responsible Organization	Number	Percent
School Health Advisory Board (SHAB)	52	44.4
Wellness Committee	33	28.2
Wellness Policy Committee	21	17.9
Wellness Task Force	3	2.6
Nutrition Education Committee/Work Team	2	1.7
Comprehensive School Health Committee	2	1.7
Miscellaneous	4	3.4

School divisions reported that 108 of the 129 of the committees responsible for the development and implementation of the wellness policy are still active.

Nutrition Education Goals

To ascertain the nutrition education goals included in local wellness policies, school divisions were asked to identify whether or not each of eight specified goals was included in their policies. School divisions could identify other goals, also, and some did. Seven of the eight nutrition goals were included in a majority of school division wellness plans. The most frequently identified goal was included in almost 85 percent of school divisions' policies (that is, *Students in grades pre-K-12 receive nutrition education that is interactive and teaches the skills they need to adopt healthy eating behaviors*). The percentages of school divisions including each of the eight goals in their plans were similar to last year's survey. A summary of the results by rank order follow in Table 10.

Table 10: Number and Percent of School Divisions Including Specified Nutrition Education Goals in the Local Wellness Policy (N=130)

Nutrition Education Goals	No. in	Percent in	
	06-07	06-07	05-06
Students in grades pre-K-12 receive nutrition education that is interactive and teaches the skills they need to adopt healthy eating behaviors.	110	84.6	87.2
Students receive consistent nutrition messages throughout schools, classrooms, cafeterias, homes, community and media.	106	81.5	78.4
Nutrition education is offered in the school dining room as well as in the classroom, with coordination between foodservice staff and teachers. . . .	101	77.7	76.8
District health education curriculum standards and guidelines include nutrition education.	99	76.2	73.6
Staff who provide nutrition education have appropriate training.	89	68.5	72.0
Nutrition is integrated into the health education and core curricula (e.g., math, science, language arts)	88	67.7	74.4
Schools link nutrition education activities with the coordinated school health program.	84	64.6	61.6
Schools are enrolled as Team Nutrition Schools, & conduct nutrition education activities & promotions that involve parents, students, & the community. .	29	22.3	24.8
Other, please explain	13	10.0	10.4

The "Other, please explain" responses were analyzed and categorized for content. Five divisions indicated they were providing nutritional education to parents and/or families, two said their focus would be on maintaining a healthy weight, and two were planning to provide a newsletter to elementary students.

Physical Activity Goals

The survey specified five physical activity goals and asked school divisions to identify whether or not each had been included in their local wellness policies. A summary of responses by rank order for this item is in Table 11. Each specific goal, with one exception, was included in a majority (63 to 96 %) of division's policies. The most frequently identified goal was *Students are given opportunities for physical activity during the school day through PE classes, daily recess periods for elementary school students, and the integration of physical activity into the academic curriculum*. The one item that was not reported in the upper percentiles involved *Schools work with the community to create ways for students to walk, bike, roller blade, or skateboard safely to and from school*. Only one-third of the school divisions make this goal a priority.

Table 11: Number and Percent of School Divisions Including Specified Physical Activity Goals in the Local Wellness Policy (N=130)

Physical Activity Goals	No. in 06-07	<u>Percent in</u>	
		06-07	05-06
Students are given opportunities for physical activity during the school day through PE classes, daily recess periods for elementary school students, and the integration of physical activity into the academic curriculum.	125	96.2	96.0
Students are given opportunities for physical activity through a range of before-and/or after-school programs including, but not limited to, intramurals, interscholastic athletics, and physical activity clubs.	109	83.8	84.8
Schools encourage parents and guardians to support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events.	110	84.6	84.0
Schools provide training to enable teachers, and other school staff to promote enjoyable, lifelong physical activity among students	82	63.1	73.6
Schools work with the community to create ways for students to walk, bike, rollerblade, or skateboard safely to and from school.	43	33.1	27.2
Other, please explain	11	8.5	8.8

A content analysis was conducted on the 11 "Other" responses in reference to their physical activity goals. The only responses mentioned more than once indicated they would promote physical activity and fitness among students (three school divisions) and staff health and modeling of physical activity (three school divisions).

Guidelines for Nutritional Value

To determine the guidelines for the nutritional value of foods and beverages included in school divisions' wellness policies, the survey provided four specified nutritional guidelines and asked divisions if they had included them in their local policies. School divisions could also name other nutritional guidelines. A majority of divisions included each of the four specified guidelines in their policy, with two guidelines focusing on foods and beverages *sold on school campuses* included in more than 75 percent of divisions' policies. The results were very similar to last year's results. A summary of the results is in Table 12.

Table 12: Number and Percent of School Divisions Including Specified Guidelines for Nutritional Value in the Local Wellness Policy (N=130)

Nutritional Guidelines	No. in	Percent in	
	06-07	06-07	05-06
The school district sets guidelines for foods and beverages sold a la carte in the food services program on school campuses.	116	89.2	89.6
The school district sets guidelines for foods and beverages sold in vending machines, snack bars, school stores, & concession stands on school campuses. . .	98	75.4	73.6
The school district sets guidelines for refreshments served at parties, celebration, and meetings, or offered as rewards, during the school day.	72	55.4	60.0
The school district sets guidelines for foods and beverages sold as part of school-sponsored fundraising activities.	67	51.5	51.2
Other, please explain	15	11.5	10.4

A content analysis of the 15 divisions' responses to "Other, please explain" indicated that four divisions encouraged parents to promote healthful practices, including providing healthful snacks; four school divisions are providing guidelines and recommendations; and three divisions said vending machines must adhere to standards/guidelines.

School-Based Activities

School divisions were asked whether or not they included each of eleven specific school-based activities in their wellness policies. A majority of school divisions included nine of the eleven activities in their wellness policies. School divisions could name additional activities as needed. A summary of the results is in Table 13.

Table 13: Number and Percent of School Divisions Including Specific School-Based Activities in the Local Wellness Policy (N=130)

School-Based Activities	No. in 06-07	Percent in 06-07 05-06	
Provides a clean, safe, enjoyable meal environment for students.	116	89.2	88.0
Encourages all students to participate in school meal programs & protects the identity of students who are eligible for free and reduced priced meals. . . .	115	88.5	86.4
Provides enough space to ensure all students have access to school meals with minimum wait time	100	76.9	77.6
Provides opportunities for on-going professional training and development for food service staff and teachers in the areas of nutrition.	95	73.1	71.2
Schedules lunch time as near the middle of the school day as possible.	92	70.8	64.8
Makes drinking fountains available in all schools, so that students can get water at meals and throughout the day.	96	73.8	63.2
Encourages and provides opportunities for students, teachers, and community volunteers to practice healthy eating and serve as role models in school dining areas	82	63.1	56.8
Makes efforts to keep school or district-owned physical activity facilities open for use by students outside school hours.	84	64.6	55.2
Does not deny student participation in recess or other physical activity as a form of discipline or for classroom make-up time.	74	56.9	52.8
Prohibits the use of food as a reward or punishment in schools.	62	47.7	47.2
Schedules recess for elementary schools before lunch so that children will come to lunch less distracted and ready to eat.	29	22.3	20.0
Other, please explain.	17	13.1	5.6

School divisions gave many varied responses to the “other” school-based activities, with only two activities appearing more than once. Four school divisions mentioned that all foods will meet safety standards and two mentioned that they would enroll all eligible students in health insurance programs.

Measurement and Evaluation Goals

Finally, school divisions were asked to identify which of six specific measurement and evaluation goals were included in their wellness policies. The six specified measurement and evaluation goals were included in about 32 to 55 percent of school divisions’ wellness policies. Table 14 contains a summary of the results of this survey item.

Table 14: Number of School Divisions Including Specific Measurement and Evaluation Goals in the Local Wellness Policy (N=130)

Measurement and Evaluation Goals	No. in	Percent in	
	06-07	06-07	05-06
The policy development committee will report implementation status to the superintendent and/or school board.	72	55.4	61.6
Observation of practices, such as dietary and physical activity patterns.	67	51.5	56.0
Schools are encouraged/required to use the Governor's Scorecard for Nutrition & Physical Activity to measure progress	62	47.7	NA
Implementation of policy milestones will be documented	55	42.3	40.0
Surveys of students, staff, parents, and/or administrators will be conducted	41	31.5	35.2
Evaluation of progress using baseline data from original assessments	42	32.3	28.0
Other, please explain	13	10.0	16.8

The content analysis of other measurement and evaluation goals indicated that most school divisions' comments did not mention other goals; rather, they used the space to explain how the evaluation is to be accomplished or who is responsible for the evaluation. Following is the distribution of responses to the "other" measurement and evaluation goals.

SHAB will be involved in evaluation	4
Superintendent/designee is responsible for evaluation	3
Use height and weight data/BMI to evaluate progress	3
A formative evaluation will be conducted	1
Central office staff will develop evaluation procedures	1
Principals will discuss measurement & evaluation goals	1

Planned Revisions of Goals

School divisions were asked if they planned to revise their goals in each goal area (other than measurement and evaluation) during the 2007-08 school year. Typically, only about one-fifth of school divisions planned to revise their goals in any given area. Their responses ranged from 16 percent planning to revise their guidelines for *school-based activities* to 25 percent planning to revise their guidelines for *nutritional value of foods and beverages*. Following are a compilation of responses to this series of questions. A possible explanation for the relatively low number of school divisions planning to revise their guideline is that a very high percentage of divisions adopted their policies during the past eighteen months.

Goal Area	Will Revise	Won't Revise
Nutrition education goals	20.6	79.4
Physical activity goals	17.7	82.3
Nutritional value of foods/beverages	25.2	74.8
School-based activities	16.0	84.0

Evaluation of the Wellness Policy Implementation

In response to a specific question, 38.3 percent of the school divisions indicated that they had conducted an evaluation of the local wellness policy *implementation*. Only 120 of the 130 divisions responded to this question, with 46 divisions responding “yes” and 74 responding “no.” A follow-up question asked if they would use the results of this evaluation to revise the local wellness policy for the 2007-08 school year. To this question, 43 divisions responded “yes.”

IV. Compliance Summary and Recommendations

SHAB Compliance Summary

In 2006-07, 131 of 132 school divisions in Virginia (more than 99%) submitted an Annual Report for their School Health Advisory Boards (SHABs) to the VDOE, in compliance with the *Code of Virginia*. This is consistent with the response rate for the past seven years, which has ranged from 96 to 100 percent. Not all school divisions responded to all questions on the survey form, thus compromising the data on some questions. However, because the number of omissions was usually small, it is believed that the data presented in this report are reasonable approximations of the data that would have resulted if all school divisions had responded to all questions.

All school divisions in Virginia have established SHABs; however, their levels of activity and involvement in school health programs and services appear to vary widely. While 60 SHABs met four or more times during the year, 14 SHABs failed to meet at least twice as required by the *Code*, three more than last year. However, only one SHAB did not meet during the school year, the lowest number since this survey began. Other than sometimes having more than 20 members and an increasing number of members identified as educators (presently 61.6%), the composition and diversity of membership appears to be consistent with the *Code*. The number of SHABs submitting the required report to the local school board has improved dramatically, and for the past two years percentage complying with this requirement has exceeded 80 percent. In addition, another 12-13 percent submitted reports to the local central office, perhaps in lieu of the school board report.

Wellness Policy Compliance Summary

Public Law 108-265 requires that local school divisions participating in a program authorized by the National School Lunch Act establish a local wellness policy by the first day of school year 2006-2007. This is the second survey Virginia school divisions have answered questions regarding a wellness policy and the first survey since local school divisions have been required to adopt a wellness policy. According to the 2005-2006 survey, 94 school divisions reported that they had adopted a wellness policy, which was a year before the requirement. One hundred twenty-seven (127) school divisions out of the 130 submitting a report in 2006-2007 indicated they had adopted such a policy. An analysis of the dates of adoption was made of the 124 divisions submitting dates. Eighty-five (85) divisions adopted the policy by the due date, two divisions adopted the policy after the due date but during 2006, and 37 divisions adopted the policy in 2007 prior to this survey.

As to contents of the policy, compliance was judged by school divisions' responses to the specific questions in the wellness survey. It did appear that persons from various perspectives were involved in developing the policy, as required. The goals and activities to promote student wellness varied among divisions, but it appeared that most policies were reasonably comprehensive. The area in which the policies were least definitive continues to be in the measurement and evaluation of goals.

Recommendations

Following are recommendations for consideration by the Virginia Department of Education and/or the Virginia Department of Health.

1. Continue to refine the survey procedure implemented in 2003-04, which gave school divisions an option to submit the annual report in electronic form via e-mail.
2. Provide support and assistance to those SHABs that indicate the need for assistance or those lagging in their progress.
3. Apprise superintendents in school divisions where SHABs are not in compliance with one or more of the requirements of the *Code* (e.g., necessity of reporting to the local school board and meeting semiannually).
4. Re-emphasize the need for SHABs to comply with the *Code*.
5. Consider the need to examine the local wellness policies to determine if they have met the minimum requirements.
6. Modify the local wellness survey to ascertain what activities are conducted under the local wellness policy, and what activities have been added or modified as a result of the policy.

**A Summary of Virginia
School Divisions' Reports on
School Health Advisory Boards
and Local Wellness Policies**

APPENDICES

- A. Section §22.1-275.1, *Code of Virginia***
- B. School Health Advisory Board (SHAB) Annual
Report and Wellness Policy Status Report Forms**
- C. School Health Advisory Board (SHAB) Directory**

Appendix A

2007 SESSION VIRGINIA ACTS OF ASSEMBLY SENATE BILL NO. 206

A BILL to amend and reenact §22.1-275.1 of the *Code of Virginia*, relating to childhood obesity.

Approved

Be it enacted by the General Assembly of Virginia:

That the §22.1-275.1 of the *Code of Virginia* is amended and reenacted as follows:

§22.1-275.1. school health advisory boards, childhood obesity

Code of Virginia § 22.1-275.1. School health advisory board. Each school board shall establish a school health advisory board of no more than twenty members, which shall consist of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others. The school health advisory board shall assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.

The school health advisory board shall hold meetings at least semi-annually and shall annually report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education.

The local school board may request that the school health advisory board recommend to the local school board procedures relating to preventing and reducing the incidence of overweight and obese students in the public schools, and children with acute or chronic illnesses or conditions, including, but not limited to, appropriate emergency procedures for any life-threatening conditions and designation of school personnel to implement the appropriate emergency procedures. The procedures relating to children with acute or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the schools within the jurisdiction. (1990, c. 315; 1992, c. 174; 1999, c. 570.)

Appendix B

SCHOOL HEALTH ADVISORY BOARD (SHAB) ANNUAL REPORT FORM **2006-07 SCHOOL YEAR**

I. IDENTIFYING INFORMATION

School Division:
SHAB Chairperson:
Address:

Telephone: ()

Fax: ()

Person Completing this Report:
Address:

Date:

Telephone: ()

Fax: ()

E-Mail Address:

I. STRUCTURE AND OPERATION OF YOUR SHAB

A. Membership

Please identify the composition of your SHAB by marking the appropriate boxes with the **number of SHAB members in each category**. Count members in all appropriate categories; e.g., a member may be a "PTA representative" and a "Medical professional" and state the total number of individual members.

Parent

____ Parent of a school aged child
____ Parent of a medically fragile child
____ PTA representative
____ Resource center representative

____ Public Health
____ Other (specify) ____

Educator

____ School nurse
____ Health Teacher
____ Physical Education Teacher
____ Other Teacher
____ Administrator
____ Program supervisor
____ Counselor
____ Food Services
____ Other (specify) ____

Community Representative

____ Civic group
____ Religious group
____ Human services
____ Youth services

Student

Health Professional

____ Medical
____ Dentistry
____ Mental Health

Miscellaneous

____ Business
____ Government Official
____ Law Enforcement
____ Other (specify) ____

Total number of members (unduplicated count): ____

Does your School Health Advisory Board serve as the forum for leadership for multiple committees (e.g., part of PTA, Safe and Drug Free School Committee, etc.)? YES ☐ NO ☐

If yes, explain:

Are there other boards in your school division that work on issues that might be relevant to your SHAB?

YES ☐ NO ☐

If yes, list:

B. Meetings

How many general meetings did your SHAB hold this school year (excluding subcommittee meetings)?
_____ meetings

How many subcommittee meetings did your SHAB hold this school year? _____ meetings

List subcommittees: _____

C. Reports

How many reports did your SHAB make during this school year to:

(1) Your local school board? _____ Written reports _____ Oral reports

(2) Central office personnel? _____ Written reports _____ Oral reports

(3) Other groups?

(name) _____ Written reports _____ Oral reports

(name) _____ Written reports _____ Oral reports

D. Operating Procedures

Does your SHAB have operating procedures/bylaws?

YES ☐ NO ☐

Have you made any changes to your operating procedures/bylaws for your SHAB in the past year?

YES ☐ (please attach a copy if revised in the past year)

NO ☐

II. GOALS AND ACCOMPLISHMENTS

A. Goals

In the first column, check the goals that were identified by your SHAB for this school year. In the second column, check the goals that were accomplished.

	Identified Goals	Accomplished Goals
Health Services		
Increase school nursing staff	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve school health services	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve student wellness	<input type="checkbox"/>	<input type="checkbox"/>
Review procedures for student health screening, record keeping, and referrals	<input type="checkbox"/>	<input type="checkbox"/>
Health Education/Instruction		
Review health education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Review health education assessment	<input type="checkbox"/>	<input type="checkbox"/>
Reduce teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Develop/revise Family Life Education Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Revise HIV Policy for School Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Reduce drug, alcohol, and/or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Environment		
Review emergency/crisis medical situations	<input type="checkbox"/>	<input type="checkbox"/>
Review school health policies	<input type="checkbox"/>	<input type="checkbox"/>
Review school safety procedures	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education		
Review physical education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Review physical education assessment	<input type="checkbox"/>	<input type="checkbox"/>
Review availability of instructional resources	<input type="checkbox"/>	<input type="checkbox"/>
Increase student's physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Services		
Review school nutrition program procedures and offerings	<input type="checkbox"/>	<input type="checkbox"/>
Counseling		
Review psychological and social services for diagnosing special needs for students	<input type="checkbox"/>	<input type="checkbox"/>
Review counseling services for helping students set education and social goals	<input type="checkbox"/>	<input type="checkbox"/>
Staff Wellness		
Review staff wellness initiatives	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Community Involvement		
Improve parent communication/education	<input type="checkbox"/>	<input type="checkbox"/>
Develop/maintain community partnerships	<input type="checkbox"/>	<input type="checkbox"/>

	Identified Goals	Accomplished Goals
Other		
Conduct a needs assessment/data collection	<input type="checkbox"/>	<input type="checkbox"/>
Please list topic(s): _____		
Improve operations of SHAB	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

B. Successes

Please describe your SHAB's **two** greatest accomplishments this school year. What were your goals and what projects/activities were used to meet the identified goals? How many students did it impact? Who were your community partners? Add an additional sheet, if necessary.

Will you allow the Virginia Department of Education to post/share information about your successes on its Web site? YES ☐ NO ☐

III. ADDITIONAL INFORMATION

Use this space to provide additional information about your SHAB that you feel is important to share.

Use this space to indicate whether you would like some assistance from the VDH or DOE and the nature of the assistance needed.

SCHOOL HEALTH ADVISORY BOARD

2007-2008 Point of Contact

Below, please provide the name of the individual you wish to serve as the point of contact for your local School Health Advisory Board (SHAB) during the 2007-2008 school year. (In many localities, the SHAB chair or a school contact person serves this role.) Any resources or information relevant to SHABs will be distributed to this person.

Date Submitted:

School Division:

Name of "Point of Contact":

Position or Role on the SHAB:

Mailing

Address:

Telephone ()

Fax: ()

E-Mail:

Please return this form along with the Local Wellness Policy Report Form by July 1, 2007 (via fax, email or regular mail) to:

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Phone: 804-225-2431
Fax: 804-371-8796
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Questions may be addressed to Caroline Fuller at the phone number or e-mail address above.

Local Wellness Policy Status Report Form 2006-2007

CURRENT CONTACT INFORMATION

School Division:

Person Completing this Report:

Title:

Address:

Telephone: ()

Fax: ()

E-Mail Address:

Section 204 of the 2004 Child Nutrition & WIC Reauthorization Act (Public Law 108-265) required all school divisions develop a local wellness policy by July 1, 2006. This status report is designed to gather data on the implementation, evaluation and revision of the local wellness policy during the 2006-2007 school year and plans for the 2007-2008 school year.

Please complete the following questions in order to report on the status of your school division's required local wellness policy.

1. Has the final policy been adopted by the school board?

☐

Yes

Date of Adoption

☐

No

2. Is the committee responsible for the development and implementation of the local wellness policy still active?

☐

Yes

☐

No

3. Please provide contact information for the chair of the committee responsible for the local wellness policy in your school division:

Name of Committee:

Name of Chairperson:

Mailing Address:

Telephone Number:

E-mail Address:

4. Which of the following nutrition education goals are included in your local wellness policy? Check all that apply.

☐

Students in grades pre-K-12 receive nutrition education that is interactive and teaches the skills they need to adopt healthy eating behaviors.

☐

Nutrition education is offered in the school dining room as well as in the classroom, with coordination between the foodservice staff and teachers.

☐

Students receive consistent nutrition messages throughout schools, classrooms, cafeterias, homes, community, and media.

- ☐ District health education curriculum standards and guidelines include nutrition education.
- ☐ Nutrition is integrated into the health education and core curricula (e.g., math, science, language arts).
- ☐ Schools link nutrition education activities with the coordinated school health program.
- ☐ Staff who provide nutrition education have appropriate training.
- ☐ Schools are enrolled as Team Nutrition Schools, and they conduct nutrition education activities and promotions that involve parents, students, and the community.
- ☐ Other, please explain

5. Does the school division plan to revise the nutrition education goals for the 2007-2008 school year?

- ☐ Yes, please explain
- ☐ No

6. Which of the following physical activity goals are included in your local wellness policy? Check all that apply.

- ☐ Students are given opportunities for physical activity during the school day through physical education (PE) classes, daily recess periods for elementary school students, and the integration of physical activity into the academic curriculum.
- ☐ Students are given opportunities for physical activity through a range of before- and/or after-school programs including, but not limited to, intramurals, interscholastic athletics, and physical activity clubs.
- ☐ Schools work with the community to create ways for students to walk, bike, rollerblade or skateboard safely to and from school.
- ☐ Schools encourage parents and guardians to support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events.
- ☐ Schools provide training to enable teachers, and other school staff to promote enjoyable, lifelong physical activity among students.
- ☐ Other, please explain

7. Does the school division plan to revise the physical education goals for the 2007-2008 school year?

- ☐ Yes, please explain
- ☐ No

8. Which of the following guidelines for the nutritional value of foods and beverages sold or offered in the school environment; including standards for the amount of fats and sugars; for moderate portion sizes; and for maximum nutritional value, are included in the local wellness policy?

Check all that apply.

- ☐ The school district sets guidelines for foods and beverages sold a la carte in the food service program on school campuses.
- ☐ The school district sets guidelines for foods and beverages sold in vending machines, snack bars, school stores, and concession stands on school campuses.
- ☐ The school district sets guidelines for foods and beverages sold as part of school-sponsored fundraising activities.
- ☐ The school district sets guidelines for refreshments served at parties, celebrations, and meetings, or offered as rewards, during the school day.
- ☐ Other, please explain

9. Does the school division plan to revise the guidelines for the nutritional value of foods and beverages sold or offered in the school environment for the 2007-2008 school year?

☐ Yes, please explain

☐ No

10. Which of the following school-based activities to promote student wellness are included in your local wellness policy? Check all that apply.

☐ The school district provides a clean, safe, enjoyable meal environment for students.

☐ The school district provides enough space to ensure all students have access to school meals with minimum wait time.

☐ The school district makes drinking fountains available in all schools, so that students can get water at meals and throughout the day.

☐ The school district encourages all students to participate in school meal programs and protects the identity of students who are eligible for free and reduced price meals.

☐ The school district schedules lunch time as near the middle of the school day as possible.

☐ The school district schedules recess for elementary schools before lunch so that children will come to lunch less distracted and ready to eat.

☐ The school district prohibits the use of food as a reward or punishment in schools.

☐ The school district does not deny student participation in recess or other physical activity as a form of discipline or for classroom make-up time.

☐ The school district provides opportunities for ongoing professional training and development for foodservice staff and teachers in the areas of nutrition and physical education.

☐ The school district makes efforts to keep school- or district-owned physical activity facilities open for use by students outside school hours.

☐ The school district encourages and provides opportunities for students, teachers, and community volunteers to practice healthy eating and serve as role models in school dining areas.

☐ Other, please explain

11. Does the school division plan to revise the school-based activities to promote student wellness included in the policy for the 2007-2008 school year?

☐ Yes, please explain

☐ No

12. Which of the following measurement and evaluation goals are included in your local wellness policy? Check all that apply.

☐ Surveys of students, staff, parents, and/or administrators will be conducted.

☐ Observation of practices, such as dietary and physical activity patterns, is implemented.

☐ Evaluation of progress will be conducted using baseline data from original assessments.

☐ Implementation of policy milestones will be documented.

☐ Schools are encouraged and/or required to use the Governor's Scorecard for Nutrition and Physical Activity to measure progress in implementing the local wellness policy.

☐ The policy development committee will report implementation status to the superintendent and/or school board.

☐ Other, please explain

13. Has the school division conducted an evaluation of the local wellness policy implementation?

☐ Yes, please explain

☐ No

14. Will the results of this evaluation be used to revise the local wellness policy for the 2007-2008 school year?

☐ Yes, please explain

☐ No

15. Please share the most significant impact of the local wellness policy in your school division during the 2006-2007 school year.

16. Please share one opportunity for improvement of the local wellness policy in your school division for the 2007-2008 school year.

17. Please identify any resources or technical assistance needed to implement the local wellness policy in your school division for the 2007-2008 school year.

Questions about this specific Local Wellness Policy Report Form may be addressed to Lynne Fellin, acting director, or the assigned school nutrition program specialist at (804) 225-2074.

PLEASE SUBMIT A COPY OF THE ADOPTED LOCAL WELLNESS POLICY, including any revisions, ALONG WITH THIS STATUS REPORT.

Appendix C

School Health Advisory Board (SHAB) Directory

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